

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14991

State File No.

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 154

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Jefferson Cityc. LENGTH OF
STAY (in this place)
20 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Cole

c. CITY
OR
TOWN Jefferson Cityd. Is Residence within limits of
a city (incorporated town)?
Yes ☒ No ☐d. FULL NAME OF
HOSPITAL OR
INSTITUTION 101 Taylor Streete. STREET
ADDRESS (If rural, give location)

101 Taylor Street

02670

3. NAME OF
DECEASED

a. (First)

ANNIE

b. (Middle)

LEE

c. (Last)

BARGER

4. DATE
OF
DEATH

(Month)

(Day)

(Year)

May 18 1955

5. SEX

6. COLOR OR RACE

Female

White

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 8 1881

9. AGE (In years
last birthday)

73

10. MONTHS

11

11. DAYS

10

12. HOURS

-

13. MIN.

-

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR IN-
DUSTRY

Home

11. BIRTHPLACE

(City and State of Foreign Country)

Cole County Mo.

12. CITIZEN OF WHAT
COUNTRY?

USA

13a. FATHER'S NAME

David Ray

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

George A. Barger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY
NO.

None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Arnold Meyer 726 St. Mary's Blvd

18. CAUSE OF DEATH
Enter only one cause per
line for (a), (b), and (c)*This does not mean
the mode of dying, such
as heart failure, ashenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN
ONSET AND DEATH21a. ACCIDENT
SUICIDE
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY (Month) (Day) (Year) (Hour)21e. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1955, 1955, that I last saw the deceased
alive on May 17, 1955, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

5/21/55

24c. NAME OF CEMETERY OR CREMATORY

New Hope Cemetery

24d. LOCATION (City, town, or county)

Marion, Missouri

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

May 20-1955

R.P. Davis MD-MR

Tanner Saw. Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
DONALD P. FREEMAN
Licensed Embalmer No...4623

P. O. Address...Jefferson.
Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.